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OneLife Basic Nutrition System (BNS-2D)

Pilot Country Concept Note – Country X

1. Background and rationale

Country X faces persistent challenges in ensuring adequate nutrition for vulnerable populations, including children, pregnant and lactating women, and households affected by poverty, crises or displacement.

Existing school feeding, social protection and humanitarian food assistance programmes are often fragmented, vary in nutritional quality and are difficult to coordinate across agencies and regions.

The OneLife Basic Nutrition System (BNS-2D) has been developed as a global minimum daily nutrition standard: a simple, adaptable system that guarantees a basic level of energy, protein, healthy fats, carbohydrates, fibre and essential micronutrients through two daily doses, in powder and/or bar form.

This concept note proposes a controlled pilot in Country X to test the feasibility, acceptability and added value of using OneLife as a daily nutritional core within existing programmes.

2. Overall objective of the pilot

To assess the feasibility and benefits of integrating the OneLife Basic Nutrition System (BNS-2D) as a daily nutritional core for vulnerable groups in Country X, in a way that complements existing nutrition and social protection interventions and supports sustainable local food systems.

3. Specific objectives

- 1) To provide a nutritionally complete daily core to a defined target population in Country X using OneLife products (powder and/or bar) over a period of at least 12 months.
- 2) To evaluate the operational feasibility, acceptability and adherence to OneLife preparation and use protocols in real programme settings.

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3) To assess preliminary effects on simple nutrition and well-being indicators (e.g. self-reported hunger and fatigue, school attendance, basic anthropometry in children, perceived diet quality).

4) To identify opportunities and challenges for local or regional production of OneLife-compliant products using crops produced in Country X and neighbouring regions.

5) To generate practical lessons and data that can inform decisions on possible scale-up, adaptation and integration of OneLife into national policies and programmes.

4. Pilot scope and target population

The pilot will focus on one main delivery channel in Country X, with the possibility of adding a second channel if conditions and resources allow.

Proposed primary channel (example – to be adapted):

- School feeding programmes in selected districts, targeting children in primary schools (ages 6–12).

Possible secondary channels (optional):

- Social protection schemes for low-income households (e.g. cash-plus or in-kind transfers).

- Humanitarian operations in areas affected by displacement or recurrent shocks.

Geographical coverage will be defined in consultation with national authorities, prioritizing regions with high levels of food insecurity, poverty and/or vulnerability according to existing data.

5. OneLife product and delivery modalities

5.1. Product forms

The pilot will use one or both of the following nutritionally equivalent presentations of OneLife:

- Powder presentation: dry mix to be reconstituted with safe drinking water at school or community level.

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- Bar presentation: compact ready-to-eat nutritional bar, particularly useful where water access or preparation facilities are limited.

The exact choice and mix of presentations will be determined during the design phase, based on infrastructure, water availability, preferences and logistical considerations.

5.2. Daily dose and schedule

Each beneficiary will receive two doses per day, aligned with the OneLife standard:

- Morning dose (e.g. at the start of the school day or morning programme session).
- Second dose approximately eight hours later (e.g. in the afternoon or evening, depending on the delivery context).

Where only one daily contact point exists (e.g. school), arrangements will be defined to ensure access to the second dose (for example, take-home ration for the second dose).

6. Programme integration and complementarity

The pilot will be explicitly designed to complement, and not to replace, existing nutrition and social protection interventions in Country X:

- Therapeutic feeding products and protocols for treatment of acute malnutrition will continue to be used as per national guidelines.
- Existing school meals or snacks may be maintained where feasible, with OneLife functioning as a daily core to ensure minimum nutrient intake.
- Large-scale food fortification policies will remain in place and will be used as broader structural measures.

An integration plan will be developed with the relevant ministries (health, education, social protection, agriculture) and key partners to avoid duplication and to ensure coherence.

7. Implementation arrangements

7.1. Institutional leadership

- National lead: Ministry of Health and/or Ministry of Education (or equivalent), in coordination with the Ministry of Social Protection and Ministry of Agriculture.
- Technical support: National nutrition technical working group or similar coordinating body.

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7.2. Key implementing partners

- United Nations agencies and/or international organizations involved in nutrition, food assistance and social protection.
- National and international non-governmental organizations with experience in school feeding, community nutrition or humanitarian operations.
- Responsible private-sector partners supporting local production, packaging, logistics and innovation within the OneLife standard.

Roles and responsibilities will be clearly defined in a memorandum of understanding or partnership framework.

8. Production and procurement

Depending on capacity and timeline, the pilot may use:

- Local or regional production of OneLife-compliant products in existing food processing plants, under the production and quality protocols set out in the OneLife standard and Annex B.
- Interim importation of OneLife products, if needed, for early pilot stages while local production capacity is being established or upgraded.

In all cases, products must comply with the nutritional specifications, safety requirements and quality-control procedures described in the OneLife standard and its annexes, as well as relevant national regulations.

9. Monitoring, evaluation and learning

A simple but robust monitoring and evaluation (M&E) framework will be established for the pilot, including:

Coverage and adherence indicators

- Number and proportion of eligible beneficiaries receiving OneLife.
- Number and proportion of planned doses actually delivered and consumed.

Acceptability and use indicators

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- Feedback from beneficiaries, caregivers, teachers and frontline workers on taste, convenience, and perceived benefits or challenges.
- Frequency of rejection, sharing or diversion of OneLife products.

Basic outcome indicators (as context permits)

- Self-reported hunger and fatigue among beneficiaries.
- School attendance and simple participation measures (for school-based pilots).
- Simple anthropometric measures in children (e.g. weight-for-age, BMI-for-age) where ethically and operationally appropriate.

Safety and event reporting

- Recording of gastrointestinal intolerance, suspected allergic reactions and systematic refusals, following the procedures set out in Annex B.

Findings will be analysed periodically and shared with national authorities and partners to support adaptive management and decision-making.

10. Timeline and phases

The pilot is envisaged in three main phases over approximately 18–24 months:

1) Design and preparation (3–6 months)

- Detailed design with national stakeholders.
- Selection of pilot sites and participants.
- Arrangements for production/procurement, logistics and training.

2) Implementation (12 months minimum)

- Regular distribution of OneLife products.
- Ongoing monitoring and supportive supervision.
- Mid-term review to adjust operations if needed.

3) Evaluation and decision (3–6 months)

- Final data collection and analysis.
- Stakeholder consultations on lessons learned.

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- Recommendations on scale-up, adaptation or integration into national policies and programmes.

11. Expected results

By the end of the pilot, Country X and its partners are expected to have:

- Demonstrated the operational feasibility of delivering OneLife as a daily nutritional core through at least one major programme channel.

- Documented levels of acceptability, adherence and basic outcomes among beneficiaries and frontline workers.

- Identified practical pathways and requirements for local or regional production under national regulatory frameworks.

- Clarified how OneLife can best complement existing therapeutic feeding, supplementary foods, school feeding and fortification strategies.

- Generated a body of evidence and experience to inform possible scale-up and to contribute to global learning on the OneLife Basic Nutrition System (BNS-2D).

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